

# From global health security to global health solidarity, security and sustainability

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The concept of global health security underpins the current framework for global preparedness and response to emerging infectious diseases.<sup>1–5</sup> The Global Health Security Agenda – a collaboration between governments – was launched in 2014, aiming to make our interconnected world safe from infectious disease threats. The governments involved in the Global Health Security Agenda focus on strengthening their countries' capacities for detection, response and prevention.<sup>6</sup>

In the context of public health emergencies, the Agenda has received financial and political support from international organizations and almost 50 countries.<sup>6</sup> However, there is tension between the aims of global health security and governments' mandate to ensure national security. The 1994 United Nations Development Programme's Human Development Report first introduced the concept of human security, referring to security of citizens as individuals rather than that of the states in which they live.<sup>7</sup> We posit that the use of the term global health security can have a negative unintended effect on the ultimate goal of improving health for all. There are three reasons why this term potentially privileges the security of the state rather than the security of individuals.

First, global health security, in its current use, is largely focused on protecting high-income countries against public health threats coming from low- and middle-income countries.<sup>8</sup> Ebola virus, Marburg, Zika virus, dengue, chikungunya, Rift Valley and Lassa fevers, originated in low- and middle-income countries. If the Agenda is used to prioritize global health risk depending on the origin of infections, resource allocation may become even more skewed towards high-income settings. To ensure that a health security agenda is an inte-

gral part of national and foreign policy of each country, political attention and coordination between national ministries is needed as well as support from the national security budget.

Second, global health security tends to emphasize disease containment to protect national security rather than the prevention of future local outbreaks. Disease containment is common practice in the control of emerging infectious diseases. A national security perspective often results in unilateral, neo-colonial and/or short-term solutions designed to protect national borders. For example, many countries and airline companies imposed travel restrictions during the 2013–2016 Ebola virus disease outbreak in western Africa, contrary to World Health Organization recommendations.<sup>9</sup>

Third, we argue that respect for human rights and values such as equity and solidarity should underlie each national security agenda. Such values are consistent with the motives of many people who provide health services in public health emergencies. Health security agendas should aim to build resilience to future outbreaks of infectious diseases, and require a long-term systems approach based on surveillance and national health system strengthening.

Protecting the world from infectious disease threats requires that national governments share the responsibility of serving those most in need, wherever they live. We believe that the concept of global health security should be expanded to include solidarity and sustainability. In this way, we will be able to develop a long-term approach and overcome the limitations of current responses to global health emergencies.<sup>10</sup> ■

## Acknowledgements

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